

Invoice

JUVENILE REPEAT OFFENDER PREVENTION PROGRAM

ROPP Form 01

1. CONTRACT  
NUMBER

2. INVOICE  
NUMBER

3. COUNTY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip)

4. REPORT PERIOD: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

5. CASH ADVANCE RECONCILIATION:

(5A) Total Advanced Funds	(5B) Advance Funds Expended to Date	(5C) Advance Fund Balance

6. ROPP OPERATING BUDGET:

(6A) Funding Category	(6B) Funding Level	(6C) Prior Expenditures	(6D) Expenditures For This Period	(6E) Reimbursement For This Period	(6F) Balance of Grant Funds
Salary and Benefits					
Travel/Per Diem					
Professional Consultant Services					
*Other (Describe)					
Sub Total					
Administrative Overhead					
Total					

## Juvenile Repeat Offender Prevention Program Invoice

## APPENDIX D ROPP Form 01

7. On a separate sheet of paper please provide information for expenditures in the \*Other (6A) line item Category.

8. Did any minor budget changes occur during this reporting period? (up to 10% of individual line items)

\_\_\_\_ Yes

\_\_\_\_ No

If yes, please provide the details on a separate sheet of paper and attach it to this invoice.

9. Did any major budget changes occur during this reporting period? (over 10% of individual line items)

\_\_\_\_ Yes

\_\_\_\_ No

If yes, attach a copy of the modification approved by the Board of Corrections.

### Signatures:

*I certify that this report is accurate and in accordance with Board of Corrections regulations, policies, and procedures. I further certify these are actual expenditures and all funds received from the Board are in reimbursement of funds expended for the purpose of liquidating obligations legally incurred or will be expended for the payment of the State's share of the eligible expenses, as required under the grant contract.*

### 10. Chief Probation Officer:

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Title: \_\_\_\_\_

FAX

Number \_\_\_\_\_

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

### 11. Financial Officer:

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Title: \_\_\_\_\_

FAX

Number \_\_\_\_\_

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

### 12. Invoice Prepared By:

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Title: \_\_\_\_\_

FAX

Number \_\_\_\_\_

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Juvenile Repeat Offender Prevention Program Invoice**

**APPENDIX D  
ROPP Form 01**

**13. Board Approval:**

Name: \_\_\_\_\_

Title: Field Representative

Date Approved for Payment: \_\_\_\_\_

**PLEASE SUBMIT (4) COPIES WITH ORIGINAL SIGNATURE ON EACH COPY.**